

## MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030138

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

921

STATE FILE NUMBER

FILED AUG 20 1962

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Joseph

Length of stay in 1b

29 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 1504 Highland

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY

OR TOWN St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1504 Highland

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

MILTON

Middle

W.

Last

WALKER

4. DATE OF DEATH

Month

Day

Year

August 6, 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2/15/1890

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Champion, Nebr.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William S. Walker

## 13b. MOTHER'S MAIDEN NAME

Menetta Aerial

## 14. NAME OF HUSBAND OR WIFE

Agnes M.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W. # I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Agnes Walker, 1504 Highland St. Joseph, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Month, Day, Year

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

5:45 p.

Death occurred at

and last saw her alive on

date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(If degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

8/10/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

## 23d. LOCATION (City, town, or county)

St. Joseph

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Aug. 14, 1962

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Standell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

R.W. Kieber, M.D.

VS 300  
Rev. 4/59

DATE AMENDED

1 5117

2 5117

3

4 0

5 1

6

7 1

8 2

9 97954

10

11

12 90-5

13 1-0

AUG 28 1962

DEC 6 1962

Permit issued 8/9/62

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student

*Theron Smith*

Signature of Student Embalmer

Signed

*Theron Smith*

Licensed Embalmer No.

*3928*

*3/9/62*

P. O. Address

*St. Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.